



1647

PATENT

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: Frank P. Zemlan et al. : Paper No:
Serial No. 09/035,708 : Atty. Docket: 91830/0480191
Filed: March 5, 1998 : Group Art Unit: 1647
Examiner: Robert C. Hayes, Ph.D.

For: METHOD OF DETECTING AXONAL DAMAGE, ASSOCIATED DISEASE
STATES, AND RELATED MONOCLONAL ANTIBODIES AND PROTEIN
CONTROLS THEREFOR

AMENDMENT TRANSMITTAL

Box Non-Fee Amendment
The Assistant Commissioner For Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment for the above-captioned application.

Applicant is a

- ☒ Small Entity
☐ Large Entity

The proceedings herein are for a patent application and the provisions of 37 C.F.R.
§1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. §1.136 (fees: 37
C.F.R. §1.17(a)(1)-(4)) for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	390.00	195.00
<input type="checkbox"/> three months	890.00	445.00
<input type="checkbox"/> four months	1,390.00	695.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition
therefor.

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- ☐ An extension for ____ months has already been secured. The fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

- (b) ☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for petition for extension of time.

FEE FOR CLAIMS

	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate Small Entity		Rate Large Entity	Add'l Fee
Total *	10	Minus **	30	= 0	X 9.00	\$	X 18.00	\$
Indep. *	2	Minus ***	8	= 0	X 40.00	\$	X 80.00	\$
<input type="checkbox"/> First Presentation of Multiple Dependant Claim					X 135.00	\$	+270.00	\$
					Total Addt'l. Fee	\$	Total Addt'l. Fee	\$ 0

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

If the "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of the prior amendment or the number of claims originally filed.

(complete (c) or (d) as required)

- (c) ☒ No additional fee for claims is required.

- (d) ☐ Total additional fee for claims required \$_____

FEE PAYMENT

- ☐ Attached is a check in the sum of \$_____ covering the total additional fee for claims required.
- ☐ Please charge Frost Brown Todd LLC Account No. 06-2226 for the total fee due.

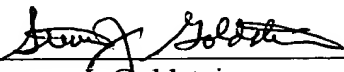
A duplicate of this transmittal is attached.

Serial No. 09/035,708

The Assistant Commissioner for Patents is authorized to charge any deficiency or credit any overpayment of fees to Frost Brown Todd LLC Deposit Account No. 06-2226.

Respectfully submitted,

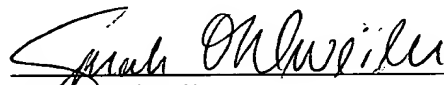
Frank P. Zemlan et al.

By 
Steven J. Goldstein
Registration No. 28,079
Attorney for Applicants

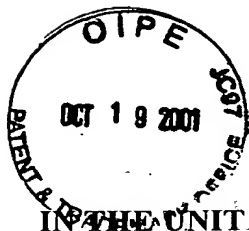
FROST BROWN TODD LLC
2200 PNC Center
201 East Fifth Street
Cincinnati, Ohio 45202
(513) 651-6131

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to The Assistant Commissioner for Patents, Washington, D.C., 20231, this 17th day of October 2001.


Sarah Ohlweiler

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Dear Sir:

In response to the Office Action, dated July 23, 2001, please consider the following amendments and accompanying remarks.

Please amend the claims as follows:

See 31
Claim 14 (three times amended). A method of determining axonal damage in the central nervous system of a patient suspected of having traumatic central nervous system injury, said method comprising the steps:

- D*
- (a) obtaining a sample of cerebrospinal fluid from said patient;
 - (b) treating said sample of cerebrospinal fluid with at least one monoclonal antibody, said at least one monoclonal antibody having been raised against an axonally-derived protein in the form of an isoform of tau protein of SEQ ID NO:1;
 - (c) detecting the presence of said axonally-derived protein bound to said at least one monoclonal antibody; and
 - (d) comparing the amount of said axonally-derived protein bound to said at least one monoclonal antibody in step (c) to control samples from the group representing a normal undamaged axon state and those representing an axonal damage state.